FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **819177** **(7)**

1. Corporation Name

SMORGASBORD MANAGEMENT CO

Principal Place of Business	Mailing Address
10645 SW 75TH TERR OCALA FL 34476 US	P.O. BOX 770298 OCALA FL 34477 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified	3a. Date of Last Report
11/22/1965	01/19/1995

4. FEI Number: 59-1116918 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IDING, JOHN L.
10645 SW 75TH TERRACE
OCALA FL 34476

10. Name and Address of New Registered Agent

81 Name: Henry A. Slater
82 Street Address (P.O. Box Number is Not Acceptable): 10645 SW 75th Terrace
83
84 City: Ocala **FL** 85 Zip Code: 34476

11. Pursuant to the provisions of Sections 617.0501 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 617.0501, Florida Statutes.

SIGNATURE: Henry A. Slater HENRY A. SLATER, Vice President DATE: 3/25/96

12. OFFICERS AND DIRECTORS		
TITLE	VPD	☐ DELETE
NAME	SLATER, HENRY A.	
STREET ADDRESS	10645 SW 75TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	IDING, JOHN L.	
STREET ADDRESS	10645 S.W. 75 TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	DP	☐ DELETE
NAME	ALBERTSON, JOHN C.	
STREET ADDRESS	1925 NE 45TH ST #231	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HENRY A SLATER Henry A. Slater, VP 3/19/96 357 854-4766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #